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Social Values, the Mental Health Movement, and Mental Health

By JOHN R. SEELEY

ANY attempt to describe the relations between social values and mental health must take account of the social movement that marches under the banner of "mental health" or "mental hygiene." That movement is itself an expression of, and a result of, a revolution in social values; it also affects social values, and, presumably, mental health. I should like, therefore, first to state briefly how the sociologist looks at the relation between social values and personality, and what he knows about it; second, to turn attention to the origin and growth of the mental health movement in relation to general changes in the values in our culture; and, last, to raise some questions about the effects of the movement both on values and on mental health.

I have written from two perspectives. *As a sociologist*, I have attempted to view the matter as dispassionately, not to say coldly, as possible—in effect, to view the movement as if I were a detached outsider. *As a citizen*, and moreover as a person in intimate touch with and sometimes involved in the movement, I have written also from the perspective of the "insider." I feel confident that the reader will easily disentangle what is said from one viewpoint from what is said from the other, and be able to make due allowance for the bias inseparable from each view.

"HUMAN NATURE IS SOCIAL NATURE"

It is the general viewpoint of the social scientist, his proper professional bias, that man is human in virtue of his *social* nature: "human nature is social nature." Unless the meaning of this

statement is clearly understood, it may seem to claim either too much or too little: it may seem presumptuous and imperialistic, or trivial and tautological.

As to the first, the social scientist does not deny or ignore the fact that man exists as a physical object, that he can be dropped and smashed like a crystal goblet. Man does exist as a physical object, and if a physical force is sufficient, as the flight surgeons can tell us, his physical and human nature will be radically and sometimes irreversibly altered. Similarly, the social scientist does not deny or minimize the importance of the fact that man exists also as a biological object. The extraction of a few cubic centimeters of fluid or tissue will change the wonder of a biological going concern, an organism, into a mere aggregate of unstable chemicals; and, with that transformation, human nature will disappear.

What the social scientist is contending is that no matter what light may be shed on man's nature by *any* analysis (not merely present analyses) that is couched in the terms of physics or biology, these sciences furnish explanations only of *necessary* conditions for the behavior of human beings as human beings, and not explanations of *sufficient* conditions. There are physical, chemical, physiological, and anatomical conditions without which a man cannot exist or continue as a man; but no compilation of such statements of conditions will account for that in him which is distinctively human. We may account in physical-chemical-physiological terms for the fact that men grow periodically hungry, but this they share with the animals. But to

account for the fact that they—or some of them—will go into a restaurant, read a menu, smile seductively at the waitress, have a moment of guilt or elation about that, and then proceed to order lobster newburg because it is a prestige-laden food (as against, say, shepherd's pie), we have to turn to an order of explanation that is not physical-chemical-physiological, for these are distinctively human acts.

To the charge of triviality (that the social scientist is saying what everybody already knows, namely that social behavior is a "part" or aspect of human behavior) the answer is that this is not what the social scientist means, either. He means that (given the necessary physical and biological conditions) *all* that is distinctively human about man must be wholly and solely accounted for in terms of his social nature. He means that man is made human by humans, and in society. He means that it is in social life, and only in social life, that the welter of mere potentialities with which man is born is organized and given form and operability and access, via communication, to a share in the common human life and, via that, to a human life of his own.

This general view is buttressed by large-scale observations of the process in differing societies and by a limited amount of evidence as to what seems to happen to people who by some freak of fortune have become isolated from the humanizing (or socializing) process at some critical juncture. On the basis of this view, the social scientist is faced with the task of describing in some more useful detail just how the process proceeds—what are the relations between "culture" and personality, "social character" and social organization, personality organization and disorganization and their social correlates, if indeed they are correlated, as the general outlook would lead one to suppose.

WHAT WE DO NOT KNOW

We are here at a very unhappy stage in the development of our sciences—unhappy, that is, for those who feel, properly I think, that the questions are of overwhelming import and their answering of considerable urgency. I can hardly doubt that such feelings are justified at a time when attempts to rationalize social life founder on the intractabilities of personality organization and when attempts to improve the quality of personality organization come to grief on the brute rock of social organization.

It would be going much too far to say that we know very much about the relation of social values to personality organization and disorganization. We do *not* know what kinds of "cultural discontinuities" or "contradictions" are "dysfunctional" from either a social or a personality viewpoint. We do know that the distress of many who select themselves as patients is focused around such contradictions, but we can hardly say that the one is the cause of the other, or what contributory elements there must be in the situation before such social factors can appear as personality stresses.

We have much reason to think that personality breakdowns are relatively infrequent in groups whose morale is high; that "morale" is a name for the powerful feeling released in the individual who feels himself a member of a strong and important group; and that such unity is frequently a product of (as well as a cause of) the sharing of social values felt to be important. (The stress, it should be noted, is on what is *felt* to be so, rather than on what a detached observer might regard as the facts.)

We are somewhat chastened by the knowledge that the group in question may be, to the outsider, imaginary (for example, a man and his guardian angel,

his totem, his idol, or his deity), or that it may be a group immediately present but of no discernible enduring or explicit purpose.

WHITHER GOES THE PROCESS?

Thus far, we cannot even clearly distinguish between those forms of disorganization (personal or social) which are necessary phases of reorganization, improvement, and "growth" (and therefore "benign") and those phases which are the beginnings of continuing disorganization, disimprovement, and, finally, the disruption of the person or society.

It is easy, of course, to be wise after the event, but it is not then that knowledge is needed. Is Billy's stuttering at this stage a sign of coming reorganization of speech habits with markedly increased ease and fluency, or is it the beginning of a process that will hardly permit him to speak at all? Is the crime or delinquency of a Chicago slum in the 1920's to be viewed as a *necessary* part of a process in which slums will finally be torn down because they are socially too costly, and replaced by places humanly habitable? If so, it is about as "pathological" as the baby's cry that tells us he is hungry and needs to be fed. Or is the delinquency a sign, on the contrary, that life in large cities is inimical to personality organization and social organization alike, and therefore either itself pathology or the evidence of it?

Both views are tenable, and are held; and which of the two is chosen depends in large part on the time span that is taken into account, as well as on the author's spoken or unspoken guess as to where the whole process is taking us (or being taken by us). If we view the phenomena as part of a process of "revolution" with a probably improved state at the end, it is difficult to view them much differently from the process of formation of antibodies in the face

of mild infection—"good" coming necessarily out of "evil." If, on the other hand, we view the phenomena as part of a process of "the breakup of the Western world," they may well appear either as parts of or signs of the general lethal disease.

None of us, I think, knows the answer. The important point is that, except after the event, it is difficult to distinguish disorganization from reorganization. Even where the distinction can be made, it is often easy to distinguish in a particular case (for instance, this patient) but not in general; or in general but not in any particular case.

SOCIAL VALUES AND THE MENTAL HEALTH MOVEMENT

Despite this mountainous lack of knowledge, there has grown up in the Western world an increasingly powerful movement concerned with problems of "mental health." The growth of that movement is of extraordinary interest to the social scientist whether or not he is directly interested in mental health, and since it affects the layman deeply and is likely to affect him more, it should also be of extraordinary concern to him. Let us therefore examine the origin, the nature, and the effects of this movement.

Origin

When the going and settled order of the Middle Ages was disturbed and broken up, perhaps chiefly through the introduction of money, there was radical change in an old social structure, the feudal order, inevitably involving changes in the economics, the politics, the ethics, and the theologies of all the Western world. Unavoidably, man's relation to things, man's relation to man, and man's relation to what he projected as the ideal had to alter.

How men did things to and with things altered; these alterations constituted the "revolutions in technology." *What* men knew about things altered, enlarged, and expanded, giving birth to natural science viewed as a body of knowledge. And *how* men knew about things changed; natural science as a method came to dominate over revelation and tradition, and the testimony of scientists came to have greater weight than the opinion of priests or ancestors.

In the relation of man to man, somewhat the same sequence followed. Men, related to one another primarily by force, authority, tradition, and love, were reorganized in relations that depended more nearly on force, advantage, calculation, cupidity, interest, distrust, and fear. The market became the dominant institution, virtually replacing all such mystical bodies as family, church, and, later, guild. Similarly, what men knew about themselves and one another changed, giving birth to the social sciences viewed as a body of knowledge. And the ground upon which they accepted or rejected knowledge about themselves or one another changed to some degree also as the social sciences provided new methods of securing reliable knowledge about man. This revolution is by no means complete, and the traditional sources of knowledge still compete openly and forcefully in both popular and scholarly literature for the right to have their testimony accepted and its source accredited.

In the realm of value, or the ideal, the revolution is hardly well begun. Save for the obvious passing of the dominance of the one institution, the church, which formerly exerted almost undisputed sway in defining both what is and what ought to be the order of goods, nothing is clear. That no church any longer organizes the lives of men in so many respects or at so deep a level

as the church once did, it would be difficult to doubt. But what has passed clearly—and, the author believes, finally—from the church has devolved exclusively upon no other body, nor has it even become dominantly concentrated in any. Who today has the right—for whom—to an authoritative pronouncement as to what is the good life, as to what is the order of the virtues, as to whether there is a supernatural order, and if so, what it is and whether it matters? Has scientist, priest, artist, philosopher, psychiatrist, or Man of Distinction this right?

Roots

Into this power vacuum the mental health movement has been drawn—together with a variety of competitors from neo-orthodoxies to new inventions, such as the omniscient State. With one foot in humanism and the other in science, it seeks to perform, and to a degree does perform, many if not most of the functions of the relinquishing institution—plus, perhaps, some others. A revolution in social values is what gives birth to the movement, and it is a revolutionary doctrine that the movement is moved by and expresses.

The power vacuum created by the bankruptcy of other institutions, however, furnished only the condition in which a new institution could "move in," and does not fully explain it. There are three other roots of the mental health movement in the "great revolution."

First, such a time of radical and widespread change is likely to be (or to be *felt* as) a time of acute stress and deep distress. It will in and of itself (and it has done so) cause people to turn sustained attention and effort not only to the life without, but also to the nature and vicissitudes of the life within. And the latter is precisely the area of

specialization and concern of the mental health movement.

Second, such a time will tend to call out (and it has) a spate of new social inventions—ways of dealing with human problems; and these, if they appear at a sufficiently rapid rate, will in turn call out mediators of the new ideas. And this is precisely where the mental health movement operates—between the scientific pen and the lay eye.

Third, whether or not there has been a net increase in misery of a psychological nature, the existence of a movement directed to its remedy or alleviation will tend to focus concern upon the problem; that is, in effect, to expand the market which it is equipped to supply.

This will tend to be more readily possible in a situation in which there is a diminution of suffering from natural disaster, famine, or the want of material objects. Lightning rods, ever-normal granaries, and the mass production of goods *permit* us to pay some increased attention to the inner life. The mental health movement *encourages* us to do so; the nature of present-day life virtually forces it upon us; and the disappearance of the formerly accepted and accredited ways of so doing inclines us to the trial and adoption of new methods. So we move from the "cure of souls" in either of its senses to "psychotherapy" and "mental hygiene"; from preoccupation with salvation to preoccupation with adjustment or peace of mind; from the attack upon evil to the war against anxiety; and from obedience in a service which was perfect freedom to a search for autonomy in a freedom without which no service can have dignity.

Compared with church

That the situation described presents some remarkable parallels with the situation confronting the early Christian

Church should occasion no surprise. That the general shape and form of the resultant movement should in many vital particulars resemble those of any other church ought also to occasion no great astonishment.

Like the early church, the mental health movement unites and addresses itself to "all sorts and conditions of men," so only they be "for" mental health as they were formerly for virtue and (more mildly) against sin. Like the church, it consists of a body of laymen and specialists, with the latter having as their special charge the psychological welfare of the former, to be worked out, however, by both together. Like the church, there is a "fellowship of all believers" that transcends great variety of belief, but differentiates from the unbelievers—both those who are against "all that" or simply not for it.

As in the church, a vast variety of activities are carried on whose principal unifying element is that they are all thought to lead in some degree to the furthering of the common end, though they are not all of equal importance; the monastic work of research, somewhat abstracted from the trials, tribulations, and rewards of this life, is frequently thought more important than the life of teaching and rescuing "in the world" with double risk of reward and seduction.

But much more important than these incidental analogies is the fact that the movement occupies or seeks to occupy the heartland of the old territory. The protagonists and practitioners of mental health are increasingly called upon to pronounce on what used to be called moral questions, in the small and in the large, in general and in particular.

The pronouncements cover matters of both substance and method. Breast feeding of infants, for instance, is currently "good," not under divine dis-

pensation or because it is "natural," but because the mental hygienists say—probably quite rightly—it will help to produce a "good" child from the viewpoint of mental hygiene. The production of "good" children in another sense—what used to be called well-behaved children—by bad means such as fear or conditioning or seduction is held to be bad because it militates against integration, which is close to the mental hygienist's *summum bonum*.

Divorce is good or bad, not in and of itself, but insofar as it increases or decreases the mental health of the parties thereto; or, in a rare, wider view, all the parties concerned, including nonparticipants.

To say these things is by no means to attack or make fun of the mental health movement—quite the contrary. What is being said, in effect, is that of necessity it has the form and flavor of a church; organization, a message or mission, a set of central values, committed servants—lay and professional—activities, orthodoxies and heresies, celebrations and observances, excommunications at need, and the felt power in moral matter to bind and loose.

This is also not to say that there are no distinctions to be drawn between this movement and the movements it wholly or partly replaces. There are profound and important differences. How else and why else should it be on the wax as they wane?

In the first place, the values embodied in the movement are this-worldly and secular, as opposed to other-worldly and supernatural. In the second place, it is man-centered—sometimes perhaps too narrowly (taking account only of this patient, and taking the social context for granted), but often with a wide view and a full sweep. Third, it is to an unusual degree nondogmatic (unless the dictum that there is to be no

dogma is itself held to be a dogma) despite what has been said above about orthodoxies and heresies. In close touch with the changing deliverances of science, it has itself to partake to a large degree of the tentative attitude, and in this respect it resembles more the mystic wing of the churches which for analogical reasons had to keep themselves largely unfettered and open to the "free sweep of the spirit." Fourth, its role is to facilitate an ongoing process, to remove obstacles to action and enjoyment, to free and liberate rather than enmesh and enchain.

The mental health movement has thus arisen out of a collapse of ancient social values, it has caught up, shaped, and embodied new ones, and has made of "mental health," however vaguely apprehended or defined, an important if not dominant social value, and seen to its incorporation to a degree in the beliefs and practices of other institutions.

THE MENTAL HEALTH MOVEMENT AND SOCIAL VALUES

In the process of its own growth, the movement has, as already intimated, had reciprocal effects on the general social value scheme. To a very large degree, as the mediator of the inquiring spirit of the social sciences, it has acted with the other "acids of modernity" as a solvent of hitherto stable beliefs. Where are yesteryear's open champions of obedience, of the innate superiority of men over women, of the quiet, well-mannered child (at any price), of belief in "original sin" or the fundamental baseness of man (or virtue, for that matter), in the unitary character of intelligence, in corporal punishment, in proprietary rights in children and women? They are still with us, as the wheelbarrow is compresent with the airplane; but in much the same places.

The mental health movement has not unaided made these beliefs and a thousand others unfashionable, not to say disreputable, but it has helped. But it has done far more than render discreditable beliefs discredited. It has created or helped create something that is new in history, or as new in history as anything ever is. It has focused attention on the inner life—or perhaps more exactly, the inner life in relation to the outer. And while every church has sought to do that, the difference is that this movement is in somewhat more intimate contact with scientific methods of discovering what the inner life is.

This is a difference indeed—a difference that makes a difference. For good or ill, the movement is a mediator or interpreter of the scientific message, rather than an opponent of it giving ground gracelessly and step by step.

The movement has not only focused attention on the inner life and its quality, but it bids fair to make that the touchstone of all other goods. This also is not new. But again, what is new is the gradual development of methods of increased sureness and reliability for the discovery of what that inner life is really like. “Know thyself,” said the Greeks; but they hardly suspected the structure, not to say the content, of that which man least knows and most needs to know—his “unconscious.”

This concentration upon, and heightened consciousness of, the nature of mental life is now so widespread as to ensure an appreciative audience for New Yorker cartoons about psychiatrists, Hollywood films about alcoholism or amnesia, mothers-aid books about the emergent little superegos and their re-surgent little ids.

Position as to ultimate values

On the whole, the mental health movement has been content with its role of facilitation of ongoing process, and

has had very little to say about final ends, or ultimate values. There are, of course, striking exceptions, as when a leader in the field says that Santa Claus (and his equivalents) must go, and as a consequence finds leagued against him a powerful combination of the sophisticated who have much to lose and the unsophisticated who have nothing to lose but their strains. But the two persistent positions taken by the majority in the field have interesting consequences.

The first of the two positions states or takes for granted that mental hygienists are not concerned with ultimate values as such: they function at the *means* level, and their aid should be equally welcome under almost any scheme of ultimate values. The church, industry, the Nazi party, the socialist society all have mental health problems, and the mental hygienist can help all equally. Some have reservations, but the position is essentially that within a wide range of moral schemes, or in all of them, mental hygienists can aid and operate.

This is not quite moral indifference, though to many it will seem so. It is the precise analogue of the position of at least one church that it is above and beyond politics, and that—provided certain of its criteria are met—it can live in any form of polity and reach a concordat with any bargain-keeping government.

The alternate position consists largely in the attitude that ultimate values are matters for continuing discovery, and that therefore the business of the mental hygienist is to facilitate and further the endless common search. In this view, no values are ultimate; all are tentative and temporary, *except the values implicit in and necessary to the method of discovery itself*. This view puts a high premium on curiosity, honesty, intelligence, care, and boldness;

and also, by implication, on due humility and proper responsibility in the human enterprise.

Effect on social values

It may be felt that there is a great and unbridgeable gulf between these views; the present author feels that there is, and that this represents the latent first great schism within the movement. But in at least one important respect, the effect of each view upon social values has been, unwittingly, much the same.

That joint effect has been to shake confidence in any existent scheme of ultimate values, to lead people quite generally to conclude that such questions are unanswerable and that the answers are matters of indifference. No mental hygienist known to the author actually holds such views; many people known to the author draw such inferences from what mental hygienists say.

Selection between the two positions is as difficult as it is important, for the second is quite capable of making the search for ultimate values central to the human enterprise, which is where, in the judgment of the writer, it properly belongs. But the first position has behind it the authoritative weight of the medical and priestly tradition that the profession is there to serve all comers, regardless of the use to which they intend to put regained health or grace. The alternative is very uncomfortable ethically and politically. Ethically it raises the problem of forgiveness: to whom, under what circumstances, may the means of health or grace be refused? Politically it means the return of the power to bind or loose to a body of professionals, with all the risks of corruption of one side and spoliation of the other that such power situations always have implied.

No matter which course is chosen,

the effects on social values are already profound, and are likely to be increasingly so as money and power and prestige accrue to the movement, as they may well do at steadily increasing rates.

THE MENTAL HEALTH MOVEMENT AND
MENTAL HEALTH

It remains to say a word, stemming largely out of what has been said, about the effects of the movement on that which it intended most to affect, namely, mental health. In the case of particular patient and particular therapist, it is difficult to doubt the high frequency of efficacious work. But it is rather with the general effect of the movement that we must be concerned.

Here, as elsewhere, we are largely in the dark; and yet a more important field for research could hardly be marked out. It is nearly always the unintended consequences of social policy, rather than the intended ones, that raise profound and harassing practical problems, and it would be strange if this were not so in the case of the mental health movement.

In areas where its effects have been concentrated, such as one of the communities presently under study by my colleagues and myself, these effects are very striking. They are so striking, indeed, that some of us have the feeling of being confronted with a social invention, whose disturbing size and power may well be at least equal to those of the industrial revolution itself.

What seems to be emerging is a situation in which laymen—ordinary men and women—in their everyday activities are coming into possession of and using a new body of knowledge and techniques of analysis with reference to themselves and to one another. The importance of this may not be immediately evident, but the effect is almost as though

another dimension (and another complication) had been added to life.

Pains of self-consciousness

Self-consciousness in the ordinary sense, when it emerged in the process of evolution, meant inescapably the loss of that pristine innocence and naïveté which is the exclusive prerogative of non-self-conscious animals—an innocence and naïveté to which we all occasionally have deep-seated and understandable yearnings to return. It is very largely the burdens and pains of that loss that it is the business of mental hygiene to deal with. Self-consciousness, man's distinguishing gift, is also his primal wound. Undue self-consciousness is fatal to spontaneity, and heightened self-consciousness is a burden not lightly to be borne.

But as mental hygienists, we have now added to ordinary self-consciousness a self-consciousness of a different kind: different in its accuracy; different in its penetration and depth; different in that it continuously tears away the veil of privacy from what was hitherto private; different in that we are ourselves self-consciously engaged in building it up; and different in that we know that our immediate associates and friends are so doing, and that they know we know. This is in some important sense a radically new way of life.

What this does to the mental health of people going through the process is difficult to assess. That they are obviously relieved of some tensions and difficulties seems clear; that they are new-burdened with others seems evident also. That this is an additional stress for the neurotic and the near-neurotic seems likely. That it furnishes a new channel for old anxieties, and perhaps a particularly difficult and dangerous one, is hard to doubt.

But none of these would recommend

against the process, even if the worst were assumed in each case. We cannot at all clearly distinguish between the pains of transition and the pains inherent in the new state of affairs itself. Much of what we see, we can be sure, is ascribable to the fact of change and not to the new state that may follow. We would be as wise to condemn the surgical knife because it hurts as to concentrate exclusively on the pains of change. The key question for policy is whether or not the new state is better (from a mental health viewpoint) than the old; and to that question we have no answer better than faith or guess.

No retreat

But it is no longer even a question for policy. No known man or body of men now has the power to arrest the flow or alter the general direction of events, even if, on mental health grounds, that should be indicated. If we, the mental hygienists, should amputate our writing arms and seal our reluctant lips, the field would fall to the quack and the charlatan, and the principal difference would be that the self-consciousness would be worse-founded and more misleading. There is no choice open in that direction for us, any more than there is a way of abdication for the physicists in the face of the atomic bomb and its more violent variants.

What is really needed is that we should lay upon ourselves the same self-consciousness (and the responsibility that it carries with it) that we have laid upon others. We can no longer afford to shoot psychological arrows in the air and be satisfied that "they fell to earth I know not where." We need close and continuing research contact with the proximate and remote consequences of what we have said, so that, while we cannot control the wide sweep of events, we may make adaptations in

particulars and cause the effects to be no more painful than they must be. To act otherwise is to act irresponsibly and to invite, if not to guarantee, disaster. The disaster would be that the very means of man's liberation, self-knowledge, would have become the instrument of his enslavement and the procurer of his impotence. This is not what we set out to do.

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